



MISSOURI DEPARTMENT OF ELEMENTARY AND
SECONDARY EDUCATION
STATE SCHOOLS FOR SEVERELY HANDICAPPED
P.O. BOX 480
JEFFERSON CITY, MO 65102-0480

EMERGENCY OR ILLNESS FORM

PARENTS ARE RESPONSIBLE FOR ADVISING THE SCHOOL WHEN CHANGES ARE NEEDED TO THE INFORMATION PROVIDED ON THIS FORM.

Student's Name		Date of Birth
Name of Parent(s)	Telephone Cell Phone	
Home Address		
Father's Place of Employment	Telephone	
Mother's Place of Employment	Telephone	
Doctor to be notified	Telephone	
Doctor's Address		
Dentist to be notified	Telephone	
Dentist's Address		

IF EMERGENCY TREATMENT IS REQUIRED AND THE PARENTS CANNOT BE REACHED IMMEDIATELY, THE SCHOOL AUTHORITIES WILL CALL THE DOCTOR NAMED ABOVE AND, IF NOT AVAILABLE, AN ALTERNATE MEDICAL CARE RESOURCE MAY BE UTILIZED TO PROVIDE EMERGENCY CARE.

COMPLETE REVERSE SIDE OF THIS CARD

MO 500-0684 (08/07)

7-760-548



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ALL KNOWN ALLERGIES		ALL REACTIONS TO DRUGS	
Diet Restrictions		Date of last tetanus booster:	
If student takes any medication on a regular basis, provide name/dose/frequency.			
If parents cannot be reached in case of sudden illness or accident, please list two people the school may contact and/or with whom your child can be left if necessary.			
Name (No. 1)		Name (No. 2)	
Address		Address	
Telephone Cell Phone		Telephone Cell Phone	
Signature(s) of Parent(s)			Date

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